

Statement of Organization Recipient Committee

Statement Type

☒ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1372440

☐ Termination – See Part 5

List I.D. number:

09 / 28 / 2014

Date qualified as committee

09 / 29 / 2014

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

CLOCK 14 OCT 8PM 2:00

1. Committee Information

NAME OF COMMITTEE

Ferguson for School Board 2015

STREET ADDRESS (NO P.O. BOX)

2507 North Brighton Street

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91504 (818)523-8948

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

garcia.jamieb@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jamie Garcia

STREET ADDRESS (NO P.O. BOX)

2507 North Brighton Street

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91504 (818)523-8948

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of Calif

Executed on 10/01/2014 By _____
DATE

Executed on 10/01/2014 By _____
DATE

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Ferguson for School Board 2015

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Wells Fargo	(818)841-6550	2379716224
ADDRESS	CITY	STATE ZIP CODE
900 North San Fernando Blvd	Burbank	CA 91504

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steve Ferguson	BUSD School Board	2015	<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>